

10-20-04

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7590 08/25/2004

RAYTHEON COMPANY
 PATENT DOCKET ADMINISTRATION
 P.O. BOX 902 E04/N119
 EL SEGUNDO, CA 90245

10/21/2004 BSAYAS12 00000139 500888 10044691

01 FC:1501 1370.00 DA
 02 FC:1504 300.00 DA
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<u>Aline Zimmerman</u>	(Depositor's name)
<u>Aline Zimmerman</u>	(Signature)
<u>10-14-04</u>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/044,691	01/10/2002	David D. Crouch	PD-01W080	9703

TITLE OF INVENTION: OPTICALLY TRANSPARENT MILLIMETER WAVE REFLECTOR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	11/26/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
WONG, ERIC K	2883	343-912000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

- 1 Thomas J. Finn
- 2 Leonard A. Alkov
- 3 Karl A. Vick

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

RAYTHEON COMPANY

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

WALTHAM, MA.

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☐ Issue Fee
- ☐ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies 3

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- ☐ A check in the amount of the fee(s) is enclosed.
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- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0888 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Thomas J. Finn

Typed or printed name Thomas J. Finn

Date 10-19-04

Registration No. 48,066

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